

# Health Department, City of Baltimore.

Permit No.

98642

Office of Registrar of Vital Statistics.

Ward

4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 14 - 1889

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Tyler

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

48

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

{ Give Street and Number. }

No. 1140 Hull's Lane

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cardiac Disease (Valvular)

Duration of Last Sickness,

Instant death

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 17 - 1889

{ Undertaker,

Wm. Madden

Alex. Hill,

M. D.

Medical Attendant.

{ Place of Business,

46 East St.

Address,

Coronet.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 98643
Office of Registrar of Vital Statistics.
Ward 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Mar 15-4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Alonzo Meers

Sex, Male or Female, { Cross out the word not required in this line. }
Male

Age, 11 Months, 20 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }
Baltimore

Duration of Residence in the City of Baltimore, 11 Mo 20 dys

Place of Death, { Give Street and Number. }
# 136 N. Hill St.

Cause of Death, { First (Primary), Second (Immediate), }
Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 17 1887

{ Undertaker, Hercules Ross }

{ Place of Business, 404 E. Lombard St. }

R. C. Lee M. D. Medical Attendant.

Address, Hanover St

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98644 Office of Registrar of Vital Statistics. Ward 12 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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CERTIFICATE OF DEATH.

Date of Death, Nov 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mary & James Green

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days, 1 1/2

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 559 Guilmett Alley

Cause of Death, { First (Primary), Second (Immediate), } Epistaxis, Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Run

Date of Burial, May 17 1887

Undertaker, J. J. Andrews M. D.

Place of Business, Dundas Address, Cum gratia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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W. C. Roberts Inspector

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98645

Office of Registrar of Vital Statistics.

Ward

17<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death,

Mich. 15<sup>th</sup> 1887.

Full Name of Deceased,

(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sidney Elizabeth Stevens.

Sex, ~~Male~~ or Female,

(Cross out the word not required in this line.)

Age,

53

Years,

Months,

Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

(Cross out the words not required in this line.)

Occupation,

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

Worcester Co. Md.

Duration of Residence in the City of Baltimore,

42 years.

Place of Death,

(Give Street and Number.)

Old No. 183 Battery Ave. (183)

Cause of Death,

(First (Primary),

Chronic Albuminuria

Second (Immediate),

Apoplexy. (Supposed haemorrhage)

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial,

Lenox Park

Date of Burial,

Mich 17<sup>th</sup> 1887

Undertaker,

Amshing

R. J. H. Tall, M. D.

Medical Attendant.

Place of Business,

111 E. Light St.

Address,

534 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98646 Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 14 / 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Edward

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 6 Months,      Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Child

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Child

Duration of Residence in the City of Baltimore, 13 months

Place of Death, { Give Street and Number. } 820 N. Vincent St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bronchitis

Duration of Last Sickness, Two & half months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Dr Cem

Date of Burial, March 17<sup>th</sup> / 89

{ Undertaker, William Dunge M. D. J. L. Linn Medical Attendant.

{ Place of Business, 50 East St Address, 203 N. Campbell

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 9864 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 15 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, W Months, ✓ Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 215 Forrest St

Cause of Death, { First (Primary), Second (Immediate), } Broncho pneumonia  
aschemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17<sup>th</sup>

Undertaker, Evans & Spence

Place of Business, 1000 E Balto. St Address, 114 Park Ave

J. E. Chataard M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98648

Office of Registrar of Vital Statistics.

Ward

4<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death, March 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles and Elizabeth Hoffman (Parents)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 10 minutes Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No. 14 S. E. 1st St.

Cause of Death, { First (Primary), Second (Immediate), } Premature Birth (7 months)  
asthenia

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17<sup>th</sup> 1887

{ Undertaker, Fred Goode James A. Stearns M. D.

{ Place of Business, 108 S. Caroline St. Address, Camp & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John Ch. De Goy Inspector

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98649

Office of Registrar of Vital Statistics.

Ward

17<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 16<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

52

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Philadelphia Pa

Duration of Residence in the City of Baltimore,

16

Place of Death,

{ Give Street and Number. }

440 Fort av

Cause of Death,

{ First (Primary),

Second (Immediate),

Inflammation of Bowels

Duration of Last Sickness,

2 Months

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill

Date of Burial,

Mar 18

Undertaker,

B. Hall

O. A. Cooke

M. D.

Medical Attendant.

Place of Business,

115 West A

Address,

104 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



# Health Department, City of Baltimore.

Permit No. 98650 Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen J. Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 62 Years, White Months, ✓ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, Baltimore Co Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, { Give Street and Number. } 709 Light St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, May 19

{ Undertaker, B. H. Hark } Theodore Cooke M. D. Medical Attendant.

{ Place of Business, 115<sup>th</sup> West St } Address, 578 Hammarish

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98651 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Gent

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, 9 Months, 1 Day.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Battalion M

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Long life

Place of Death, { Give Street and Number. } 1608 S Charles St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 17

Undertaker, B. H. H. H. Medical Attendant, C. A. Cooke M. D.

Place of Business, 115 West 4th Address, 104 Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]